

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER <i>B</i> 1st AMENDMENT		AFTER <i>C</i> 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	2		2		3	
4	2		2		5	
5	2		2		5	
6	1		1		1	
7	1		1		1	
15	1		1		5	
16	1		1		4	
17					1	
18					4	
19					4	
20					4	
21					4	
22					1	
23					1	
24					1	
25					1	
26					1	
27					1	
28					4	
29					1	
30					1	
31					1	
32						
33						
34						
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48						
49						
50						
TOTAL IND.	7		7		9	
TOTAL DEP.	10	↔	12	↔	54	↔
TOTAL CLAIMS	17		19		55	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY

SERIAL NO. FILING DATE

APPLICANT(S)

AMEND

E

CLAIMS

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	
1	1				
2	3				
3	3				
4					
5					
6					
7					
8					
9					
10					
11					
12					
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15					
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36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48			8		
49		8	8		
50			8		
TOTAL IND.	9	0	1	0	
TOTAL DEP.	71	0	34	0	
TOTAL CLAIMS	82		35		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	AMEND		CLAIMS		
	IND.	DEP.	IND.	DEP.	
1	1				
2	1				
3					
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42					
43					
44					
45					
46					
47					
48			8		
49		8	8		
50			8		
TOTAL IND.	4	0	1	0	
TOTAL DEP.	1	0	1	0	
TOTAL CLAIMS	5		1		

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
6211089, 543
APPLICANT(S)
CHIEF

FILING DATE
11/10/94

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	2				
3	2					
4	2					
5	2					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	2					
16	5					
17						
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37						
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42						
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49						
50						
TOTAL IND.	12	1				
TOTAL DEP.	17					
TOTAL CLAIMS	24					

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93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					